## NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 69/050614

## Total Fee Calculation

	Fee Code	Total - # Claims	Number Extra	X_	Fæ	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
∃Basic Filing Fæ	201/101						790
Total Claims >20	203/103	38 -20	)= //	x		22	396
Independent Claims >3	202/102	5 .	= 2	x		82	164
Medi. Dep Claim Present	204/104				·		
Surcharge	205/105		•				130
English Translation	139						
TOTAL FEE CALCUL	<u>ATTON</u>						1752)
Fees due upon filing	the applicatio	n:					
Total Filling Fees Du	e = S	1750					

Less Filing Fees Submitted - \$\_\_\_\_\_

BALANCE DUE = \$ \_\_\_\_\_

Office of Initial Parent Examination